

Foster Family Home - Corrective Action Report

Provider ID: 1-160013

Home Name: Noreen Montijo, CNA

94-833 Kalaiaha Place

Waipahu HI 96797

Review ID: 1-160013-5

Reviewer: David Ayling

Begin Date: 3/25/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 3/25/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/25/19.

6.(d)(1) - see applicable sections of the review

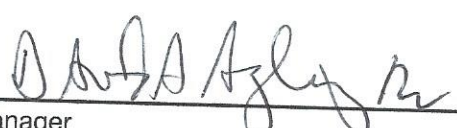
Foster Family Home Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG #1, CG #2, and CG #3 obtained CPR and First Aid certification via the internet.


Compliance Manager


Primary Care Giver

3/25/19
Date


3/25/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **NOREEN MONTIJO**

CCFFH Address: **94-833 Kalaiaha Place. Waipahu, Hawaii 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	All CG'S have gotten CPR and FIRST AID Certification from an approved company and i have placed All certificates in my CCFFH binder	04/07/19	In the future i will make sure that all CG'S will use approved companies to renew their CPR and FIRST AID certificates.

Primary Caregiver's Signature: 

Print Name: **NOREEN MONTIJO**

Date of Signature: **04/10/2019**